



Continuing Education *Scholarship Application*

Intended for people already in career ministries as pastors or missionaries.
This application is **due by May 31**. Please send to office@febministries.org

Tell us about yourself

First name: _____ Initial: _____ Last Name: _____
Email: _____ Phone: _____
Address 1: _____
Address 2: _____
Agency/Employer: _____ For how long? _____

Current Ministry:

Church Currently Attending: _____ Location: _____
FEBC Church Where Member: _____ City & Stat/Prov: _____

Tell us about your plans

College/University Name: _____
College/University Address: _____
Program or Course of Study: _____
Beginning Date: _____ Ending Date: _____
Have you been accepted? Yes No
What degree or certificate will you earn through this study?
Estimated annual tuition expenses: _____ Estimated annual living expenses: _____
Does the school doctrine agree with the FEBC Statement of Faith? Yes No N/A

Complete the sentence: *This study is important for my ministry because . . .*

Have you received this scholarship before? Yes No If yes, what year(s)? _____

Certification

*I certify that the information given above, which you are authorized to verify, is true and correct.
This application shall remain the property of the FEBC whether approved, not approved, or withdrawn.*

Signature of Applicant (may be typed)

Date

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*Thank you for applying for a Continuing Education Scholarship.
Selection of scholarship recipients will be finalized at the FEBC annual meeting.
All applicants will be notified by July 31 whether or not they have been awarded a scholarship.*